

Complaint Form

Complaint Number: _____
To be completed by Friesenbruch-Meyer Group

Complainant's Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

Parish Postal Code

Home Phone: _____ Alternate Phone: _____

Email Address: _____ Preferred method of Contact: Email Phone

Are you reporting this on behalf of someone else? Yes No

Complaint

Type of Insurance Product: _____

Follow Up Requested: Yes No

Name of FMG Employee involved (if applicable): _____

Date: _____ Location: _____

Time of Incident (if applicable): _____

Details of Complaint

Please list events in the order they happened. Attach additional pages if needed.

Reviewing documents often helps us understand important details of your complaint. Please attach copies of letters or other documents that will help us review your complaint. This might include your insurance schedule, bills, receipts, a policy declaration sheet, claim documents or other items that relate to your complaint. Always send copies. Never send original documents.

Details of my complaint: _____

Please suggest a fair resolution: _____

Notes:

- 1) You will receive written acknowledgment of receipt of your complaint and we will provide you with a Complaint Number and the name of the FMG Respondent handling your case.
- 2) The FMG Respondent will research your complaint and this may involve further discussions with you.
- 3) FMG will write to you with a final assessment of the complaint and we will advise you then of any action we may decide to take in response to it

